

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Regional Emergency Medical Advisory Committee

Minutes

October 9, 2018

The Regional Emergency Medical Advisory Committee (REMAC) of New York City met on Tuesday, October 9, 2018 at the Offices of the Regional EMS Council, 475 Riverside Drive, New York City. This meeting can be viewed via webcast at www.nycremsco.org.

<i>Members</i>		<i>Present</i>	<i>Absent</i>
Burn Surgeon (1)	Robert J. Winchell, MD	√	
Downstate New York Ambulance Association			
Ambulance Service Medical Director (1)	Josef Schenker, MD, Chair	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Michael Vatch, EMTP Robert Ackerman, Alt	√	
	Vacant vacant, alt		
EMS Community Emergency Department			
Medical Directors (3)	Nikolaos Alexandrou, MD		√
	Christopher Graziano, MD		√
	Vacant		
Nurses (2)	Eric Cohen, RN		√
	Mimi Langsam, RN		√
Administrators (2)	Kevin Munjal, MD	√	
	Cindy Baseluos, MD	√	
FDNY EMS			
Commissioner or Non- Physician Designee	Vacant		
Medical Director (3)	Dario Gonzalez, MD		√
	Glenn Asaeda, MD	√	

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	Bradley Kaufman, MD, 2 nd Vice Chair		√
Online Medical Control Physicians (2)	Doug Isaacs, MD	√	
	Nathan Reisman, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Barbara Aziz, EMTP	√	
	Joshua Bucklan, RN, EMTP	√	
Greater New York Hospital Association			
President or Non- Physician Designee (1)	Alison Burke		√
Emergency Physician (1)	Jeffrey Rabrich, MD, 1 st Vice Chair	√	
Ambulance Service Medical Director (1)	Vacant		√
	Neal Flomenbaum, MD, alternate		
On Line Medical Control Physicians (2)	Lewis Marshall, JD, MD	√	
	Michael Redlener, MD	√	
	Michael Hilton, MD, alternate		
Emergency Department Administrator (2)	Laura Iavicoli, MD	√	
	Stuart Kessler, MD, alternate		
	Pamela Lai, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Dominick Battinelli, EMTP		√
	Scott Chiang, EMTP	√	
Medical Society of New York Physician (1)	Peter Wyer, MD	√	
Medical Standards Committee			
ALS Physician (1)	Paul Barbara, MD		√
BLS Physician (1)	David Ben-Eli, MD	√	

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New York City Department of Health & Mental Hygiene- Emergency Preparedness Program Physician (1)	Celia Quinn, MD, MPH Timothy Styles, MD, MPH, alternate	√	
New York City Health & Hospitals Corporation Physician (1)	Marc Kanter, MD Cherisse Berry, MD, alternate	√	
New York City Police Department Physician (1)	Charles Martinez, MD	√	
NYS Volunteer Ambulance & Rescue Association/District 4 & 18			
Ambulance Service Medical Director (1)	Joseph Bove, MD	√	
Emergency Medical Technicians (Basic/Paramedic) (2)	Martin Grillo, EMTP	√	
	Vacant		
Pediatric Emergency Medicine Physician (1)	Vacant		√
Psychiatric Emergency Medicine Physician (1)	William Fisher, MD		√
Regional EMS Council NYC Physician (1)	Robert Crupi, MD	√	
Training & Education Committee Physician (1)	Jessica van Voorhees, MD	√	
Trauma Surgeon (1)	Arthur Cooper, MD	√	
Non-Voting Members			
At Large	Yedidyah Langsam, PhD, EMTP		√

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At Large	Anthony Shallash, MD		√
Public	Christopher Sorrentino, RN		√

STAFF: Nancy Benedetto, Executive Director Administration
Marie Diglio, Executive Director Operations
Joseph Raneri, Disaster Preparedness Coordinator

GUESTS: Nail Cemalovic, MD
David Eng, MD, FDNY
Richard Friedman, MD, Chevra Hatzoloh
Mordy Lax, REMSCO T&E

Dr. Joseph Schenker, Chair, called the meeting to order. For the purposes of web casting, a roll call was performed. A quorum was present.

The Minutes of the September 4, 2018 REMAC Meeting were unanimously approved.

Voting Requirements. A quorum is based on the number of voting seats – whether they are filled or vacant. Currently, REMAC has 30 voting seats, so when voting, a majority of members must vote in the affirmative to pass any motion. That means, 16 votes in the affirmative are needed to pass any motion.

CORRESPONDENCE REPORT

The Offices of the Council received the following correspondence:

- **Membership:** Yedidyah Langsam, Nick Alexandrou, William Fisher, Jason Zimmerman
- **From FDNY:**
 - PCR Monthly Inventory Control Report July 2018
 - Non-compliant PCR form submission for August 2018: (June listed below)
 - Bay Community VAC – REMSCO received an envelope full of rejected PCRs to prove they have been active.

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- Bayside Community VAC
- Bensonhurst VAC – email stating PCR's are being submitted.
- Broad Channel VFD – in process ePCR
- Central Park Medical Unit
- College Point VAC
- Flushing VAC
- Glen Oaks VAC
- Glendale VAC
- Middle Village VAC
- NY Racing Association
- Ridgewood VAC

➤ **From NYS DOH:**

- Public Notice from New York State Department of Health, Bureau of EMS, Operations Unit, to be read into the REMAC Minutes of the following enforcement actions:

Provider /Agency Name	EMT / Agency #	Penalty	Violation	County of Residence
Melvin Harrington	128466	\$1000 civil penalty	800.15 b	Andes

➤ **Other:**

- Stroke PPT NYPH

The Office of the Council sent the following correspondence:

- The following were sent, at a minimum to Medical Standards and REMAC members:
 - Agendas, Minutes and associated attachments for the meeting.
- Letter sent to 911 Unit, FDNY, regarding incorrect identification of non-compliant PCR agencies.
- Stroke Tag recommendations.
- Letter of support for CIH PCI center.
- Requests for credentialing information emailed to all regional EMS Agency medical directors.

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SUBCOMMITTEE REPORTS

Executive Committee

The Executive Committee did not meet.

Medical Standards (David Ben-Eli, MD, Chair)

No Protocol no action items.

The following comes in the form of a seconded motion from the Medical standards Committee:

Recommend that REMAC approve sending a survey letter to NYC hospitals to identify Thrombectomy Stroke Center destinations. Criteria for participation are as follows:

1. 24/7 neuro-interventional capability.
 2. agree to immediately notify OLMC if unable to provide service.
 3. already certified as Comprehensive Stroke Center / Thrombectomy-Capable Stroke Center by NYS DOH recognized credentialing entities or intending to obtain such certification.
 4. agree to share hospital patient data for QA/QI.
 5. 24/7 Neurosurgery availability.
- Hospitals that fail to obtain NYS DOH recognized credentialing entities certification by end of the NYS DOH regulation transition period (i.e., end of 2 years), or fail to share mandatory QA/QI patient data, will be removed from the Thrombectomy Stroke Center destination list.
 - Expected implementation date: second quarter 2019.

After discussion, REMAC conducted a roll call vote, as follows: 21 in favor, 0 opposed, 0 abstain. The motion carried.

REGIONAL COUNCIL UPDATE

No report. The Regional EMS Council will meet on October 23, 2018.

TRAINING & EDUCATION COMMITTEE UPDATE (*MORDY LAX, CHAIR*)

No report. The Training and Education Committee of the Regional EMS Council of New York City will meet on October 29, 2018.

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JOINT REMSCO/REMAC QA COMMITTEE UPDATE (*MICHAEL REDLENER, MD, CHAIR*)

No report. The Joint Regional Emergency Medical Services Council/Regional Emergency Medical Advisory Committee (REMAC) Quality Improvement Committee will meet on October 18, 2018.

STATE EMS COUNCIL/SEMAC UPDATE (*Yedidiah Langsam, PhD*)

The State EMS Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMAC) met on September 25 & 26, 2018. The following is a meeting summary:

- 1) Nominations for officers are being accepted and will be voted on in January 2019.
- 2) Minutes of the May Meeting were approved. Transcript corrections.
- 3) SEMSCO Bylaws are being revised (Dr. Langsam is on this committee).
- 4) Vital Signs conference was discussed.
- 5) SEMSCO meets 3 times each year, but subcommittees can meet six times per year (an additional 3 times remotely). This will be implemented for SEMSCO and SEMAC.
- 6) The 2014-15 Trauma data report will be released in October.
- 7) Opioid report will be released by the end of the year and should be reviewed.
- 8) Grants:
 - a) Education for EMS for opioid patients (substance abuse and mental health)
 - b) Leadership development
 - c) EMSC for Pediatric Emergency Care Coordinator (PECC)
 - d) EMS Standards of Excellence (based on Virginia process)
- 9) NYS DOH will create a newsletter to keep regions updated.
- 10) January is the start date for the EMTCC bridge to medic.
- 11) CME recert program is being revised and will be roll-out at the end of the year.
- 12) Changes to NYS DOH staff – Mike Taylor, Tom Behanna have left.
- 13) Motions:
 - a) NYC ALS protocols – approved
 - b) NYPD ESU ALS Tactical protocols – approved

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- c) Transmucosal fentanyl administration is up to individual REMACs. – fentanyl is already on formulary. The alternate route was approved
- d) REMAC resolution for transporting patients with blood transfusions: This ATS regulation is a threat to public health.
 - i) Motion: As written, the ATS Regulations impede clinically appropriate emergency medical care. We implore the commissioner that there should be a moratorium on any personnel or hospital ems agency enforcement pending the establishment of a committee made up of the department, blood and tissue committee members, semac members and hospital representatives, to review the implementation of the ATS regulations. During this time existing patients may be transported with appropriate personnel.
- e) Budget:
 - i) Motion: The SEMSCO recommends a BEMS budget of \$6 million for State Operations in SFY 2019-2020, similar to last year. The SEMSCO recommends that the cash ceiling be set at the budget appropriation amount to allow the full amount for State Operations budget to be spend during the fiscal year.
 - ii) Motion: The SEMSCO recommends a BEMS budget of \$14.5 million for aid to localities in SFY 2019-2020, similar to last year. The SEMSCO recommends that the cash ceiling be set at the budget appropriation amount to allow the full amount of the aid to localities EMS budget to be spend during the fiscal year.

The next SEMAC/SEMSCO meetings will be held on January 15 & 16, 2018.

UNFINISHED BUSINESS

The Bylaws Committee has been meeting, but its report is not yet completed.

Dr. Glenn Asaeda, FDNY, spoke about OD Leave Behind Kits. The project has begun and appears successful. There are approximately 10-15 OD type calls per day. Approximately 2 kits each day are distributed. 20% of patients refuse kits. Kits are free. REMSCO also distributes free kits.

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NEW BUSINESS

NYPH Mobile Stroke Unit: Dr. Michael Lerario gave a presentation of the current status of the mobile stroke unit project. He also gave a presentation on a proposed QA project involving new equipment for Cerebral Oximetry (Attached). The device to be used is FDA approved, and there would be no changes in current MSU protocols/treatments. This technology improves detection of LVO stroke. REMAC voted unanimously to support this project.

No further discussion, the meeting adjourned at 8:00 pm. **The next meeting of the REMAC is scheduled for November 13, 2018.**

IMPROVING FIELD LVO PREDICTION IN NEW YORK CITY

October 9, 2018 Meeting of REMAC

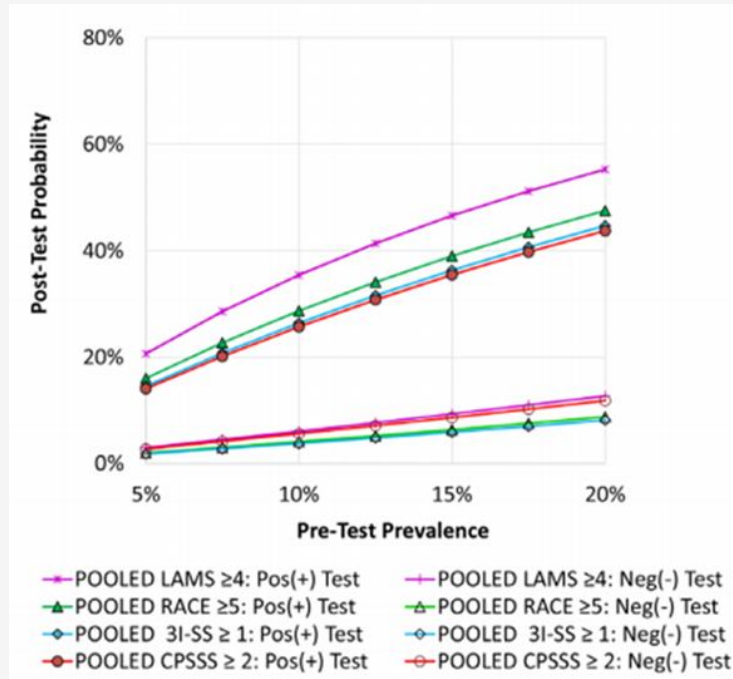


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TRIAGE



TRANSPORT

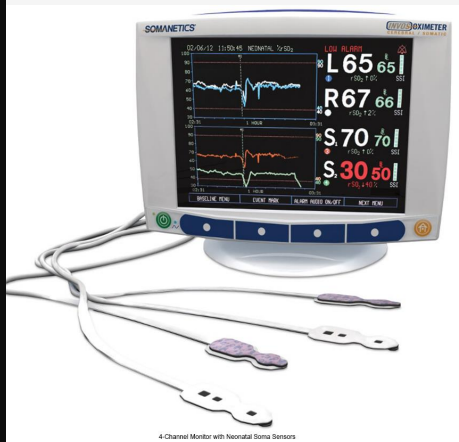
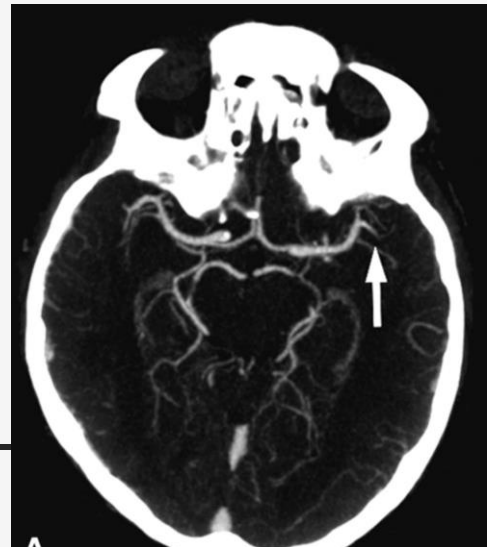
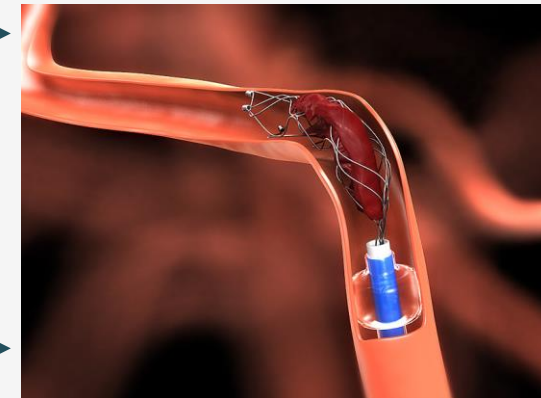
Acute Stroke Ready Hospital

Primary Stroke Center

Thrombectomy Capable Center

Comprehensive Stroke Center

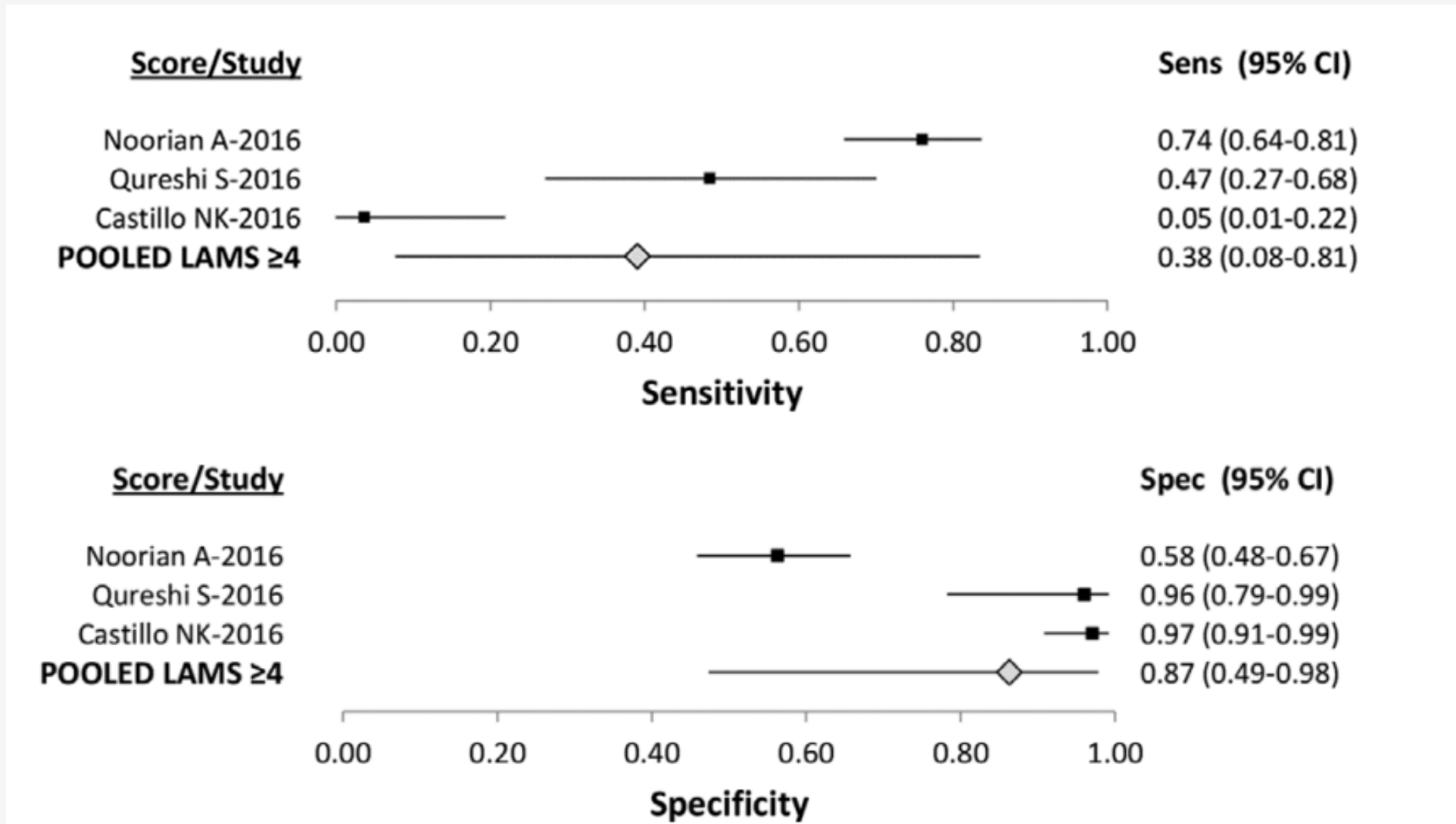
TREAT



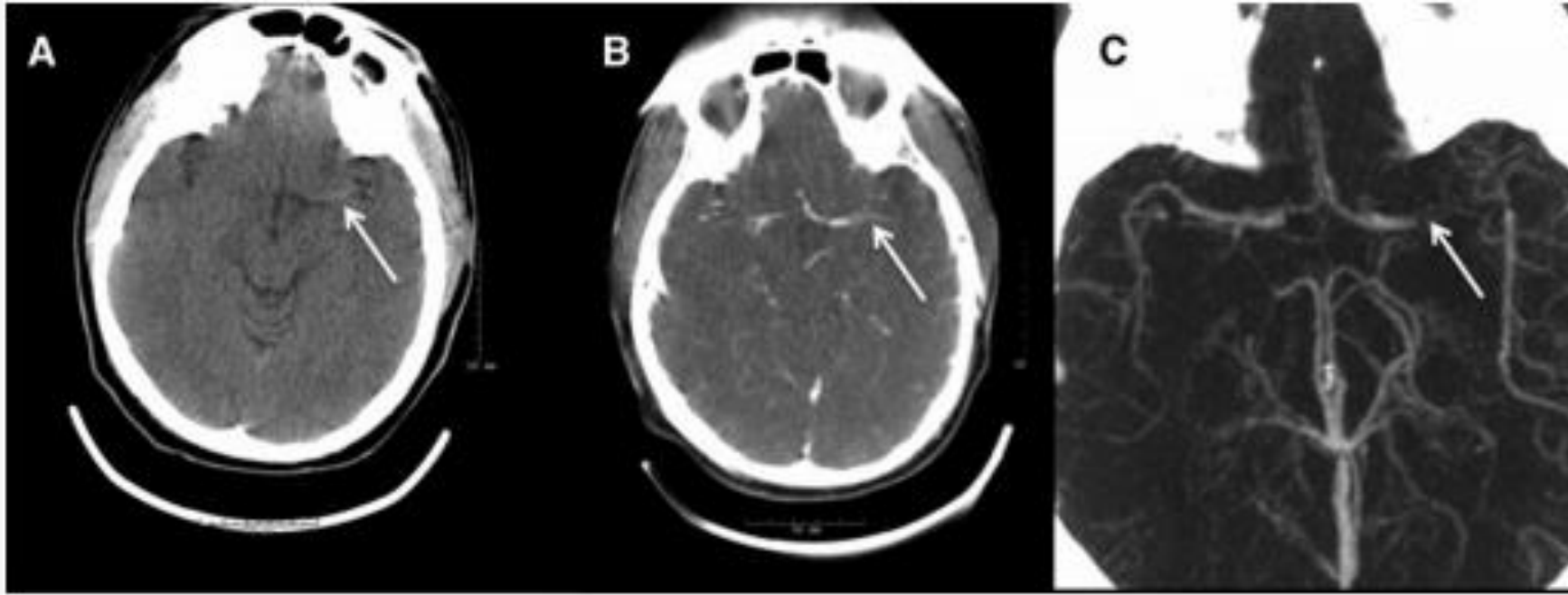
Emerging Data for Hospital Bypass if LVO+

- Simulation of abstract geographical environment using RACE ≥ 5
 - Mean time to groin puncture reduced by 30 minutes without change in IV thrombolysis time
 - Unchanged mean ambulance use time; reduced secondary transfers by 61%
- Retrospective state-wide (Rhode Island) study of treatment effect pre- and post-implementation of field triage using LAMS
 - Large improvements were seen in first hospital arrival to recanalization times (156 vs 109 minutes)
 - Increase in number of patients discharged home and decrease in mortality

Limitations in Field LVO Prediction Scores



Prehospital CT Angiography

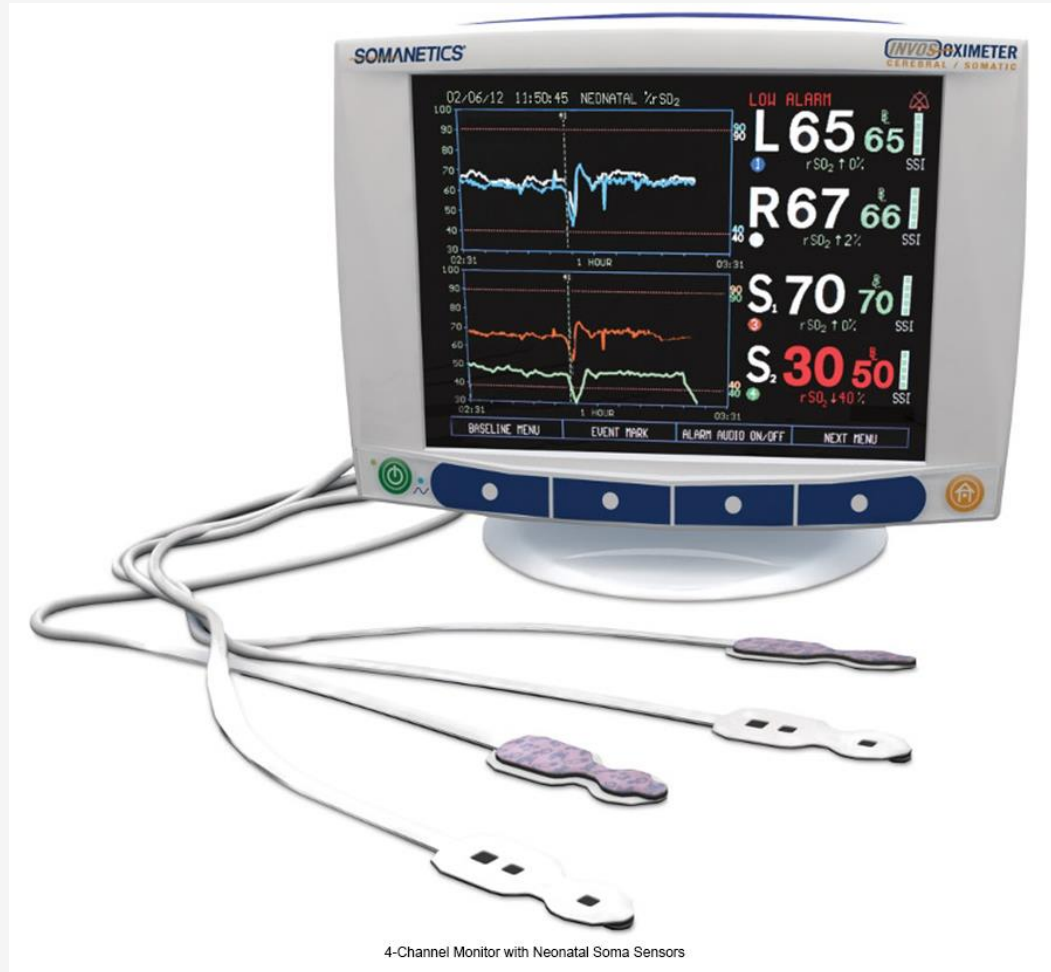


Cleveland Clinic (above): John S. et al; J Neuroimaging 2016; 26: 391-394

Homburg Germany: Kettner M et al. Cerebrovascular Dis 2017; 44: 338-343

- CTA can be performed on MSTU to aid in diagnosis and triage of LVO
 - Limited applicability to standard ambulances
-

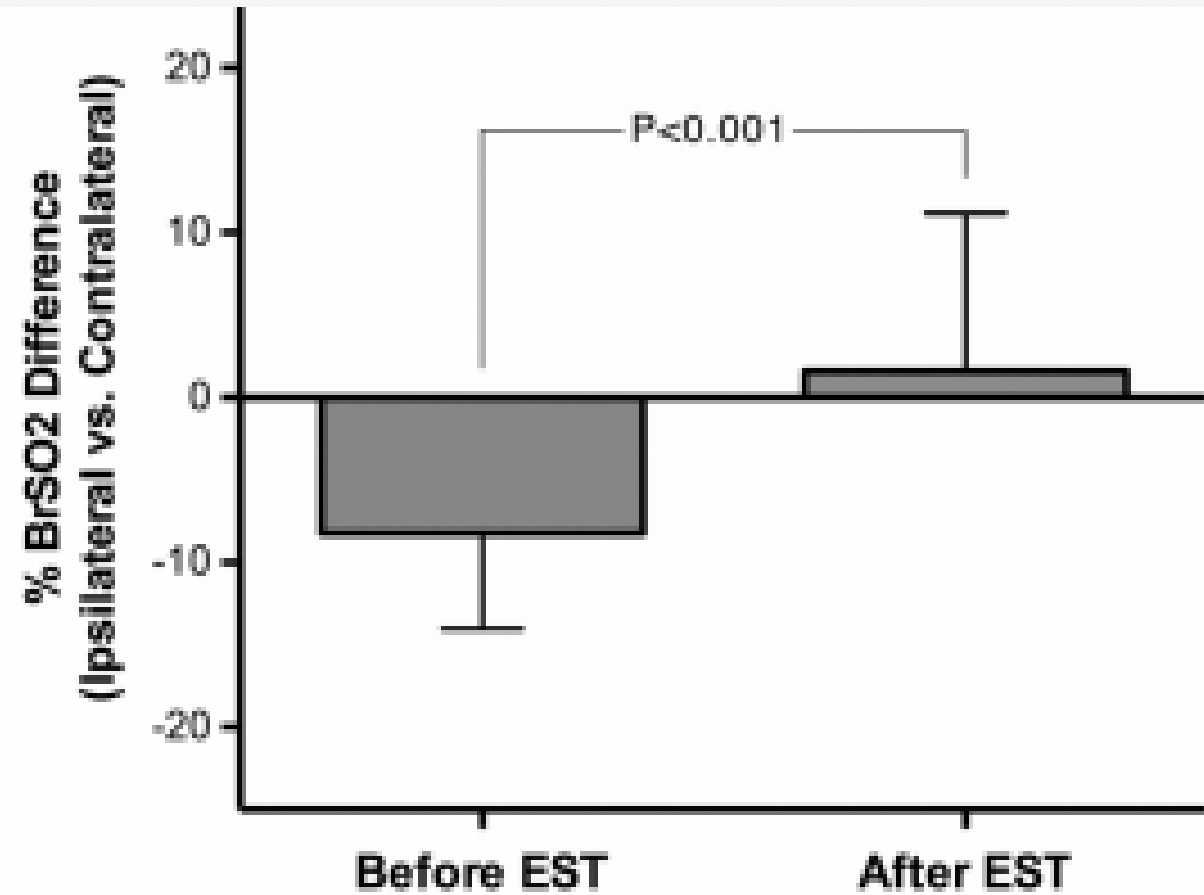
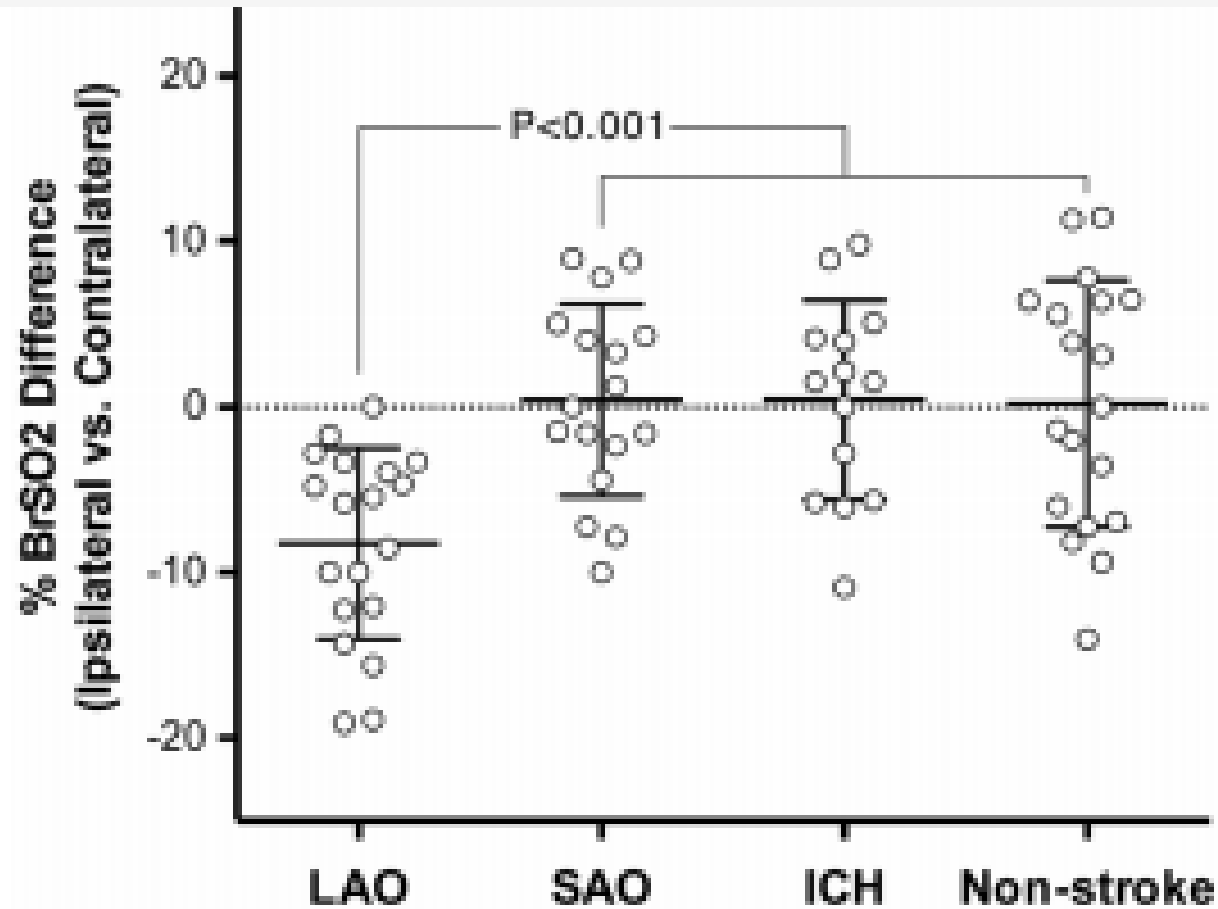
Cerebral Oximetry Using Near-Infrared Spectroscopy (NIRS)



Clinical Advantages of NIRS for Cerebral Oximetry

- FDA approved for use in measuring regional cerebral oxygen saturation
 - Routinely used nationwide for clinical practice (including NYP)
 - Diverse functions in ICU, OR, Pediatrics, Stroke Units, ED
 - Noninvasive (similar risk to pulse oximetry application)
 - Easy and rapid to teach, perform, and interpret
 - Validated to detect LVO in acute stroke setting
 - Can be incorporated into routine clinical practice on MSTUs
-

Detection of LVO in Acute Stroke Setting



Predictive Ability of NIRS for LVO

- Discrimination of LVO at a -3% ΔBrSO_2 threshold:
 - Sensitivity: 84%
 - Specificity: 70%
- Addition of G-FAST (Gaze-Face-Arm-Speech) Clinical Score:
 - Sensitivity: 84%
 - Specificity: 90%

Proposal for Use of NIRS on MSTU

- QA project to evaluate a non-invasive, FDA-approved, potentially useful diagnostic modality for stroke patients.
 - Plan for 5 years of study starting January 1, 2019 (n= 100 LVO patients)
 - To be equipped on all NYP MSTUs
 - Measured outcomes: diagnostic accuracy for LVO, projected hospital bypass volume, time to groin puncture, adverse events
 - Will obtain IRB approval at all participating NYP hospitals
 - Will not interrupt standard MSTU workflow processes; will not be used for clinical practice during QA project.
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Summary

- More reliable, accessible, noninvasive methods are needed for prehospital triaging of LVO patients.
 - Clinical scores have limited sensitivity and CTA can only be applied in limited clinical settings.
 - Cerebral Oximetry using NIRS is FDA approved, routinely used in clinical practice, and easy to teach, perform, and interpret.
 - Adding NIRS measurements to clinical scores in acute stroke increases the ability to predict LVO.
 - Cerebral oximeters can be incorporated into routine clinical practice on MSTUs.
-